from the following experiment. If the child be made to bend back the head so that his face becomes almost horizontal and the eyes look straight upwards at the ceiling above him, a venous hum, varying in intensity according to the size of the diseased glands, is heard with the stethoscope placed upon the upper bone of the sternum. As the chin is now slowly depressed, the hum becomes less loudly audible, and ceases some time before the head is brought back again into the ordinary position. The explanation of this phenomenon I believe to be that the bending backwards of the head throws forward the lower end of the trachea, which carries with it the glands lying in its bifurcation, and the left innominate vein, as it passes transversely behind the first bone of the sternum, is compressed between the enlarged glands and the bone. In cases where this sign has been present, there has often been some slight dulness ever the manubrium, leading one to suspect the existence of enlargement of the glands, and the occurrence of the hum thus produced I now always consider to be evidence confirmatory of the suspicion. The experiment does not succeed in cases of flat chest, where there is no reason to suspect glandular enlargement, nor can the hum be produced by the thymus gland in a healthy child. This gland lies immediately behind the sternum in front of the great vessels; enlarged bronchial glands lie behind the vessels in the bifurcation of the trachea. A swelling in front of the vessels does not appear to set up pressure upon the vein when the head is bent back in the position described. I have examined many children, with a view to test this point, and in no case have I found the characteristic hum produced except in cases where there was reason, from other symptoms, to suspect the presence of bronchial glandular enlargement."

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38. *Recovery from Intussusception after the Separation and Voidance of Four Inches of Small Intestine.*—Dr. RINTELN, of Oeynhausen, reports the following interesting case under the heading of "Gleanings from Practice," in the *Berliner Klinische Wochenschrift* for May 24, 1875. The patient, a delicate and spare woman, aged sixty, actually lived ten years after her recovery, and enjoyed fair health. The attack was preceded by diarrhœa and colicky pains. Then came symptoms of obstruction of the bowels, and vomiting of fecal matters, some of which were in lumps, which leads Dr. Rinteln to infer that they were formed in the small intestine. After ten days rather active medication, under which she grew worse, resort was had to opiates, and absolute rest to the bowels. At the end of three weeks her life was despaired of. On the twenty-fifth day, however, she greatly improved. On the preceding night there were five or six feculent stools, mixed at first with blood and mucus. In one of these about four inches of dark gangrenous small intestine were found. From this time her recovery was rapid, and it must have been complete, since she never afterwards had the least difficulty in passing motions. [Similar cases in younger subjects have several times been noted. By the courtesy of Mr. Hutchinson, the reporter saw one such in the practice of Dr. Stutter, of Sydenham, in which a boy passed nearly a foot of small intestine, and recovered. Rinteln's case is, however, interesting on account of the patient's age.]—*Lond. Med. Rec.*, July 15, 1875.]

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

39. *Treatment of Wounds and Surgical Dressings.*—Prof. SPENCE remarks, in his recent Address in Surgery, that "the truly philosophical views of the adhesive process, taught by John Hunter, gradually led to clearer notions as to the requirements of wounds, and the principles on which their treatment should be conducted; and nowhere were these views more fully and intelligently carried out in practice than in this city [Edinburgh], mainly through the influence of the

writings of John Bell, and subsequently by the treatises of Liston and Syme on the treatment of incised wounds. The principles laid down were simple; thorough cleansing of the cut surfaces, waiting until all oozing had ceased and the surfaces glazed with lymph, before uniting them finally by sutures; cold applied for some hours to moderate excited action, then light dry dressing, and no interference with the wound except what was required to keep it clean. But, at the same time, great attention was paid to the general state of the patient. The results obtained were excellent, and, until recently, this has been the system in use here. But simplicity has sources of failure, for it is apt to lead to carelessness in dressing. We are again in a transition state in regard to the treatment of wounds. The antiseptic method (as it is termed) of my esteemed colleague, Professor Lister, is being pressed in some quarters to the exclusion of conditions which I think at least equally, if not more, important in the treatment of wounds and operations. This is not the place, nor is there time, to discuss the theory as to production of putrescence by germs from without, or whether that condition may not also arise from within owing to certain states of the blood and general system; nor yet as to the comparative value of the different antiseptics at present contending for pre-eminence. But some of the statements advanced in favour of the antiseptic system so ignore the success obtained by simple dressing and treatment of wounds, or assert such an amount of infallibility as to the curative powers of the special method, as to require notice. When I read statements to the effect, 'that the antiseptic method is to be regarded as one of the most important contributions to modern practice, inasmuch as it makes wounds heal by first intention, instead of going through the painful process of granulation and suppuration,' I can only regard such statements as arising from want of experience in, or misrepresentation of, the simple method of treating wounds; for, assuredly healing by granulation is neither the object nor yet the general result of that treatment. Suppuration, I believe, is not unknown under the antiseptic method, whilst the average duration of treatment is certainly not lessened. But when I find a German professor and hospital surgeon stating that, after a year and a half's experience of the antiseptic treatment, he is able to guarantee with certainty a perfectly successful result to his operations, such assertion challenges closer examination, demands proof, and forces me to ask the question, How far, apart from other conditions, do different modes of dressing stand in the relation of cause to successful results? The answer to this important question must rest on sufficient data and carefully weighed statistics. It will not suffice to point to some brilliant results in individual cases, because all methods of treatment can produce that kind of proof; nor will it do to state that no deaths from pyæmia have occurred under the system. At one time that term was never met with in the bills of mortality, and it is rapidly disappearing now. The statistics for proof must indicate the nature of the disease or injury for which the operation was performed, and the cause of death in fatal cases (for deaths still occur), not by a conventional term, but by giving the symptoms during life, and the organic lesions found after death.

" With extensive statistics of this kind, we would be better able to judge of the comparative advantages of different systems of treatment. At present all is assertion or reference to special cases, or to the not very definite statistics of foreign hospitals, and it is not a little curious that we hear most of the success from abroad. I think sufficient time and scope have been given to the antiseptic system in this country to enable those who use it to furnish statistics such as I have indicated, and thus to enable us to judge more dispassionately of its real merit. In comparing of late the results of my own hospital practice, I have been struck with the success which attended very simple treatment, and this leads me to question our progress in departing from such treatment for more complicated methods. Thus I find that, during a period of three years, out of sixty-three major amputations for disease, there were only three deaths; and of twenty-three cases of excision of joints, only two deaths, at a time when the treatment consisted in thoroughly cleansing the cut surface by pouring tepid water over it, and occasionally applying tincture of iodine alone, or diluted, on the flaps; whilst the dressing consisted merely in laying a veil of lint or thin muslin over the stump. Again, when preparing statistics of my amputations for my published lectures, I found evidence that certain conditions, such as the nature of the disease or injury necessitating the operation, had most important influence on the result; such influence, indeed, as I could not have supposed until the statistics brought it distinctly before me, and my later statistics corroborate my former; so that I cannot accept the statement that any method of dressing, however good, will ever enable us to guarantee success. Whilst I speak of the antiseptic system, meaning the special method, I need hardly say that all surgeons have for their object the avoidance of putrescence, though their views may differ as to the best way of attaining their object.

"I cannot close without recommending to notice the advantages obtained in treating lacerated wounds and burns of the extremities by continuous immersion in the tepid bath. The avoidance of all meddling with the injured part, and of the agony of the patient caused by changing dressings, is thereby so completely attained, that the method requires only to be fairly tried to show its advantages. In the case of burns these advantages are most conspicuous, for the constant moisture keeps the cicatricial tissue pliable, and motion of the parts can be effected gradually, whilst the limb is immersed in the bath. The water may be rendered antiseptic by carbolic or boracic acid should that be considered desirable."—*British Med. Journ.*, Aug. 14, 1875.

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40. *Healing of Wounds by Blood-tissue.*—Mr. JOHN CHIENE, Assistant Surgeon, Edinburgh Royal Infirmary, states (*Lancet*, July 10th, 1875) that the organization of an accidental blood-clot in open antiseptic wounds in Mr. Lister's practice and in cases under his own care, first suggested to his mind the propriety of trying to heal a recent open wound by filling, at the time of the operation, the cavity with blood, which would coagulate, become organized, and which in time would become covered with epithelium. The expectation was that less contraction would follow if the wound healed by blood-tissue than if it was allowed to granulate and heal by cicatrization.

Mr. Chiene has tried this plan in one case in which there was promise of a favourable result, but the practical value of the method has yet to be tested by further experiment.

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41. *Chloral as a Surgical Dressing.*—Prof. MARC SÉE, of the St. Eugénie, advances some remarkable evidence in favour of the great value of chloral as a dressing, employed in the proportion of 1 per cent. in water. He first employed it in a case of diphtheritis of the vulva, and the success was so great that he has since used it in numbers of cases during nearly a year, without ever being disappointed. He has applied it in wounds of bad aspect, disinclined to cicatrize, in contused wounds accompanied by much detachment of soft parts, and actual or threatened mortification, or abundant suppuration. He has injected it into the centres of abscesses and sinuses connected with bone, and has also used it in dressing simple wounds, whether accidental or surgical. In all these cases the result was most satisfactory, without any accident whatever calling for the suspension of the chloral occurring. In patients whose wounds on their entrance were complicated with erysipelas or diffused phlegmon, two or three days' use of the chloral has sufficed to arrest the progress of such complications. After cleansing the wound and its vicinity by means of a little charpie (avoiding the use of sponges) dipped in the solution (and when the wound is deep and irregular, filling it with this, so that it may gain access to the most remote corners) he covers the whole surface with pledgets of charpie thoroughly imbibed with the chloral, and having covered these with oiled silk, envelops the whole in a thick layer of wadding, and applies a roller somewhat tightly. The chloral is pleasant to the smell, soils neither the fingers nor the bedding, is not too volatile, and causes no pain on application. It has been of great service in several cases of ozæna without necrosis, and it would be difficult to mention all the applications of which it is susceptible. Whenever fetidity has to be destroyed, fermentation, putrefaction, or the production of vibriones, etc., to be arrested, it fulfils the indication with certainty and inoffen-